FORM D RECEIVED 1 2007

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL

OMB Number:

hours per form

3235-0076

1.00

April 30, 2008 Expires: Estimated average burden



Name of Offering (check if this is an amendment and name has changed, and indicate change.) SABW Investment Partnership II LLC (the "Issuer")	· · · · · · · · · · · · · · · · · · ·
Filing Under (Check box(es) that apply): Type of Filing: New Filing Rule 504 Rule 505 Rule 506 Solution Amendment	ection 4(6) ULOE
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
SABW Investment Partnership II LLC	
Address of Executive Offices (Number and Street, City, State, ZIP Code)	Telephone Number (Including Area Code)
c/o Sidley Austin LLP, One South Dearborn, Chicago, Illinois 60603	(312) 853-7000
Address of Principal Business Operations (Number and Street, City, State, ZIP Code)	Telephone Number (Including Area Code)
(if different from Executive Offices) same as above	same as above
Brief Description of Business	
The Issuer has been formed to participate in a variety of private investments funds, primarily private eq	uity, venture capital, leveraged duy-out and
real estate funds, through a "fund of funds" structure.	· · · · · · · · · · · · · · · · · · ·
Type of Business Organization Corporation Dimited partnership, already formed Months of the College Species Dimited partnership, already formed Dimited partnership, already	fy): limited liability company
- corporation	ny). Ininted habitity company
business trust limited partnership, to be formed	
Month Year Actual or Estimated Date of Incorporation or Organization: 1 2 0 4	Amount D Badissacad
Actual of Estimated bate of incorporation of organization.	Actual Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)	PROCESSED
NERAL INSTRUCTIONS	JANI 1 9 2007

GENERAL INS

Federal:
Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 ct seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed will han Characteristics and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless form displays a currently valid OMB number.

SEC 1972_(6-02)

		A. BASIC <u>I</u> DE	NTIFICATION DATA					
Enter the information requested for the following:								
• Each promoter of t	• Each promoter of the issuer, if the issuer has been organized within the past five years;							
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;								
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and								
Each general and n	nanaging partner of	partnership issuers.	- <u>-</u>		- <u>-</u>			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, Schmidtberger, Michael J.	if individual)							
Business or Residence Addr c/o Sidley Austin LLP, One			2)					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, MacKinnon, John A.	if individual)							
Business or Residence Addr c/o Sidley Austin LLP, One			;)					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, Cole, Thomas A.	if individual)							
Business or Residence Addr c/o Sidley Austin LLP, One			e)					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, Douglas, Charles W.	if individual)							
Business or Residence Addr c/o Sidley Austin LLP, One			e)					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, Lowinger, Frederick C.	if individual)							
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Sidley Austin LLP, One South Dearborn, Chicago, Illinois 60603								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if individual) Qasim, Imad								
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Sidley Austin LLP, One South Dearborn, Chicago, Illinois 60603								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, Shaw, Andrew H.	if individual)							
Business or Residence Addr c/o Sidley Austin LLP, One			e)					

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

A. BASIC IDENTIFICATION DATA
2. Enter the information requested for the following:
 Each promoter of the issuer, if the issuer has been organized within the past five years;
 Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
• Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner
Full Name (Last name first, if individual) Trela, Constantine L. Jr.
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Sidley Austin LLP, One South Dearborn, Chicago, Illinois 60603
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

				B.	INFORM	ATION AB	OUT OFF	ERING					
												YES	NO NO
1. Has t	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								\boxtimes				
Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?								\$100.0	00*				
2. What is the minimum investment that will be accepted from any individual?									\$100,000				
* Mini	* Minimum capital commitment; subject to the discretion of the Administrators to lower such amount.								YES	NO NO			
Does	the offer	ing permit joi	nt ownersh	ip of a sing	le unit?								\boxtimes
4. Enter	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be								nmission son to be				
listec	is an ass	sociated perso	n or agent o	of a broker	or dealer re	gistered wi	th the SEC	and/or with	a state or	states, list	the name		
		or dealer. If r				isted are ass	sociated per	sons of suc	h a broker	or dealer,	you may		
		formation for first, if indiv		r or dealer	only.								
Lun Manie (1	asi nann	; mst, n marv	iduui)										
Not Applica											<u></u>		
Business or l	Residence	e Address (Nu	mber and S	street, City,	State, Zip	Code)							
Name of Ass	ociated I	Broker or Deal	er				• •						
States in Wh	ich Perso	n Listed Has	Solicited or	Intends to	Solicit Pur	chasers							
		ates" or check	individual	States)								All State	s
[AL]	ĮAK		[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]		[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS] [OR]	[MO] [PA]	
[MT]	INE		(NH) (TN)	[NJ] [TX]	[MM] [UT]	[NY] [VT}	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[WY]	[PR]	
[RI]	[SC]			[17]	[01]	[1 1]	[17/1]	[""]	[" ']	[" .]	[]	[]	
Full Name (I	ast nam	e first, if indiv	iduai)										
									<u> </u>				
Business or	Residenc	e Address (Nu	mber and S	Street, City	, State, Zip	Code)							
Name of As	ociated l	Broker or Dea	ler						<u> </u>				
States in Wh	ich Perse	on Listed Has	Solicited o	r Intends to	Solicit Pur	chasers							
		tates" or check									_	All State	es
[AL]	[AK	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HII)	[ID]	
[IL]	[IN]		[KS]		[LA]		[MD]			[MN]		[MO]	
[MT]		_	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK] [WI]	[OR] [WY]	[PA] [PR]	
[RI]	[SC		[TN]	[1X]	[UT]	[VT]	[VA]	[WA]	[WV]	[441]	[" 1]	[1 [7]	
Full Name (Last nam	e first, if indiv	ndual)										
													
Business or	Residenc	e Address (No	ımber and	Street, City	, State, Zip	Code)							
Name of As	sociated	Broker or Dea	ler		_								
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individual States)									es				
[AL]			[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN		[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	_
[MT]			[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	(OR) [WY]	[PA] [PR]	
[RI]	[SC	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[14 1]	[1 17]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	<u> </u>	\$ 0
Equity	\$ 0	\$0
Common Preferred		
Convertible Securities (including warrants)	\$0	\$0
Partnership Interests	\$0	\$0
Other (Specify Membership Interests)	\$100,000,000(a)	\$49,230,000(b)
Total	\$100,000,000(a)	\$49,230,000(b)
Answer also in Appendix, Column 3, if filing under ULOE.		
Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines Enter "0" if answer is "none" or "zero."	f	Aggregate Dollar Amount of Purchases
Accredited Investors	175	\$49,230,000
		*0
Non-accredited investors	0	\$0
Total (for filings under Rule 504 only)		\$0 \$N/A
Total (for filings under Rule 504 only)	N/A d f Type of	\$N/A Dollar Amount
Total (for filings under Rule 504 only)	N/A d f Type of Security	SN/A Dollar Amount Sold
Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sol by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Rule 505	N/A d f Type of Security N/A	SN/A Dollar Amount Sold SN/A
Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sol by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Rule 505 Regulation A	N/A Type of Security N/A N/A	Dollar Amount Sold \$N/A
Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sol by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Rule 505 Regulation A Rule 504	Type of Security N/A N/A N/A	Dollar Amount Sold SN/A SN/A
Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sol by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Rule 505 Regulation A	N/A Type of Security N/A N/A	Dollar Amount Sold \$N/A
Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sole by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Rule 505 Regulation A	Type of Security N/A N/A N/A N/A	Dollar Amount Sold \$N/A \$N/A \$N/A
Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sol by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information made given as subject to future contingencies. If the amount of an expenditure is not known, furnish a estimate and check the box to the left of the estimate. Transfer Agent's Fees.	Type of Security N/A N/A N/A N/A N/A N/A	Dollar Amount Sold \$N/A \$N/A \$N/A
Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sol by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Rule 505 Regulation A	Type of Security N/A N/A N/A N/A N/A N/A N/A	Dollar Amount Sold SN/A SN/A SN/A SN/A SN/A
Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sol by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information make given as subject to future contingencies. If the amount of an expenditure is not known, furnish a estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs Legal Fees	Type of Security N/A N/A N/A N/A N/A N/A	\$N/A Dollar Amount Sold \$N/A \$N/A \$N/A \$N/A \$0 \$1,000 \$0
Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sol by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information made given as subject to future contingencies. If the amount of an expenditure is not known, furnish a estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs Legal Fees Accounting Fees	Type of Security N/A N/A N/A N/A N/A N/A N/A N/A	\$N/A Dollar Amount Sold \$N/A \$N/A \$N/A \$N/A \$N/A \$SN/A \$SN/A \$SN/A \$SN/A
Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sol by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Rule 505 Regulation A	Type of Security N/A N/A N/A N/A N/A N/A N/A N/A	\$N/A Dollar Amount Sold \$N/A \$N/A \$N/A \$N/A \$SN/A \$SN/A \$SN/A \$SN/A \$SN/A \$SN/A
Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sol by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information made given as subject to future contingencies. If the amount of an expenditure is not known, furnish a estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs Legal Fees Accounting Fees	Type of Security N/A N/A N/A N/A N/A N/A N/A N/A	\$N/A Dollar Amount Sold \$N/A \$N/A \$N/A \$N/A \$\$N/A \$\$1,000 \$\$0 \$\$0 \$\$0 \$\$0 \$\$0 \$\$0

tota	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF Enter the difference between the aggregate offering price given in response to Part C - Question al expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross p acceded to the issuer."	1	and		
. Ind	licate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for	or (each	\$99,995,000	
to t	the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds uer set forth in response to Part C – Question 4.b above.	ne to	the		
			Payments to Officers, Directors, & Affiliates	Payme Othe	
Sa	alaries and fees	X	\$0	\$ 0	
Pι	urchase of real estate	☒.	\$0	\$ 0	
Pι	urchase, rental or leasing and installation of machinery and equipment	Ø	\$0	∑ \$0	
	onstruction or leasing of plant buildings and facilities		 -	S 0	
	equisition of other businesses (including the value of securities involved in this fering that may be used in exchange for the assets or securities of another				
is	suer pursuant to a merger)		\$0	∑ \$0	
Re	epayment of indebtedness	Ø	\$0	S 0	
W	/orking capital	<u> </u>	\$0	∑ \$0	
O	ther (specify): Portfolio Investments	Z	\$0	\$99,99	5,000
_		XI	\$0	⊠ 5 0	
C.	olumn Totals	_ 	\$0	S99,99	5,000
	otal Payments Listed (column totals added)	_	\$99,995,	000	
	D. FEDERAL SIGNATURE	_			

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice if filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature	Date
SABW Investment Partnership II LLC	Mulfor	January 10, 2007
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Michael J. Schmidtberger	A Manager of the Issuer	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).